

# FAX TRANSMITTAL

**To:** PTO Commissioner  
**Company:** USPTO TC/A.U. : 3641  
**Fax Number:** 1-571-273-8300

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**From:** George A. Leone, Sr.  
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**Pages:** 8  
**Date:** 09/13/2005 **Time:** 12:52:17 PM  
**Regarding:** Application No.: ☐09/503,524 Confirmation No. 6735

## Comments:

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: ☐09/503,524 Confirmation No. 6735  
 Applicant(s) : CRICKENBERGER, et al.  
 Filed : 2/14/2000 ☐ ☐  
 TC/A.U. : 3641  
 Title : MULTIPLE PULSE CARTRIDGE IGNITION SYSTEM ☐ ☐  
 Examiner : CLEMENT, MICHELLE ☐

Docket No. : 20582US  
 Customer No. ☐ : 23430

MS Amendment  
 Commissioner for Patents

AMENDMENT

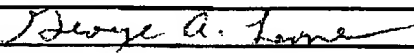
PTO/SB/21 (08-03)

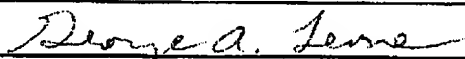
Approved for use through 08/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/503,524	
	Filing Date	2/14/2000	
	First Named Inventor	CRICKENBERGER	
	Art Unit	3641	
	Examiner Name	CLEMENT, MICHELLE	
Total Number of Pages in This Submission	7	Attorney Docket Number	20582US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	George A. Leone, Reg. No. 30,567 2150 128th Ave NW, Coon Rapids, MN 55448 TEL. 763-767-2762 FAX 763-754-5943	
Signature		
Date	9/13/2005	

CERTIFICATE OF TRANSMISSION/MAILING		
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Typed or printed name	George A. Leone Reg. No. 30,567	
Signature		Date September 13, 2005

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MS Amendment  
Commissioner for Patents  
PO BOX 1450  
Alexandria VA 22313-1450

AMENDMENT

Dear Commissioner:

This amendment is in response to the Office Action of 08/10/2005. Please enter this amendment.

Please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of the claims, which begins on page 2 of this paper.

**Remarks/Arguments with Election of Claims** begin on page 4 of this paper.